



Minnesota Board of Dentistry

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MN Relay Service for Hearing Impaired 800.627.3529

ADVERSE REACTION REPORT

Minnesota Rules 3100.3600 requires that you file this report for any incident that arises from the administration of nitrous oxide inhalation analgesia or of a pharmacological agent for the purpose of general anesthesia, conscious sedation, local anesthesia, analgesia, or anxiolysis that results in a serious or unusual outcome that produces a temporary or permanent physiological injury, harm, or other detrimental effect to one or more of a patient's body system(s). It is **NOT** necessary to report incidents such as nausea, a single episode of emesis, or mild allergic reaction. **This report shall be submitted to the Board of Dentistry within ten days of the incident.** You may duplicate this form.

LICENSEE INFORMATION

Name (please print):

License Number:

Address:

City:

State:

Zip

I. REACTION INFORMATION						
PATIENT ID/INITIALS (In Confidence)	AGE (YRS)	SEX	REACTION ONSET			CHECK ALL APPROPRIATE: <input type="checkbox"/> PATIENT DIED <input type="checkbox"/> REACTION TREATED WITH RX DRUG <input type="checkbox"/> RESULTED IN TREATMENT BY PHYSICIAN AND/OR HOSPITALIZATION <input type="checkbox"/> RESULTED IN PERMANENT DISABILITY <input type="checkbox"/> NONE OF THE ABOVE
			MO	DA	YR	
DESCRIBE REACTION(S)						
RELEVANT TESTS/LABORATORY DATA						
II. SUSPECT DRUG(S) INFORMATION						
SUSPECT DRUG(S) (Indicate manufacturer and lot # for vaccines/biologics)			DID REACTION ABATE AFTER STOPPING DRUG?			
DOSE	ROUTE OF ADMINISTRATION		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
INDICATION(S) FOR USE			DID REACTION REAPPEAR AFTER REINTRODUCTION?			
DATES OF ADMINISTRATION (From/To)	DURATION OF ADMINISTRATION		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
III. CONCOMITANT DRUGS AND HISTORY						
CONCOMITANT DRUGS AND DATES OF ADMINISTRATION (Exclude those used to treat reaction)						
OTHER RELEVANT HISTORY (e.g., diagnoses, allergies, pregnancy with LMP, etc.)						
IV. SIGNATURE						
SIGNED:			DATE:			